

**KENT SCHOOL DISTRICT****Licensed Health Care Provider (LHCP) Medication/Special Nursing Care Orders and Health Action Plan**

<b>Student Name:</b>		Birthdate:		Student #	
School:		Grade/Teacher:		Transportation:	
Date of Last Reaction		<b>Type of Allergy:</b>			
<b>Epinephrine kept in:</b>	<input type="checkbox"/> Health room <input type="checkbox"/> Backpack <input type="checkbox"/> On Person <input type="checkbox"/> Coach <input type="checkbox"/> Other: _____				

**SYMPTOMS OF ANAPHYLAXIS**

The severity of symptoms can quickly change. All the symptoms below can potentially progress to a life-threatening situation.

<b>MOUTH</b>	Itching, tingling and/or swelling of the lips, tongue or mouth	<b>SKIN</b>	Flushing, Hives, itchy rash, and/or swelling about face, upper chest or extremities
<b>THROAT</b>	Itching and/or sense of tightness in the throat, hoarseness, and hacking cough, trouble breathing	<b>LUNG</b>	Shortness of breath, difficulty breathing, repetitive coughing, and/or wheezing
<b>HEART</b>	"Thready"(faint, weak) pulse, "passing out," fainting, dizziness, pale and/or blue, confused	<b>GUT</b>	Nausea, stomachache/abdominal cramps, vomiting and/or diarrhea
<b>GENERAL</b>	Panic, sudden fatigue, chills, fear of impending doom	<b>OTHER</b>	

**MEDICATION ORDERS – LICENSED HEALTH CARE PROVIDER TO COMPLETE**

If student has any of the above symptoms or exposure to above allergen – GIVE:

**0.3mg Epinephrine**     **0.15mg Epinephrine**

Time/Frequency

Side Effects: \_\_\_\_\_

**In Addition to Epinephrine Give:**

*Antihistamine/Other*

Medication	Dosing (cc/mg)	Route	Time/Frequency (ie: One time, Every 4 hours)

Side Effects: \_\_\_\_\_

*Other: (e.g inhaled bronchodilator if asthmatic)*

Medication	Dosing	Route	Time/Frequency (ie: One time, Every 4 hours)

Side Effects: \_\_\_\_\_

**For Mild Symptoms and no suspected exposure the following medication may be given after consultation with the school nurse (RN). If symptoms do not resolve or increase, epinephrine will be given as ordered above:**

*Antihistamine/Other*

Medication	Dosing (cc/mg)	Route	Time/Frequency (ie: One time, Every 4 hours)

Side Effects: \_\_\_\_\_

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated, as there exists a **valid health reason which make administration of the medication advisable during school hours** or during such time that the student is under the supervision of school officials. Such medication may be administered by medically non-licensed school personnel. I have read the medication procedures outlined on the back of this form. Also, the School Nurse may contact the LHCP regarding questions related to this medication/special instruction order. Students with certain life-threatening health conditions that need accommodations to attend school, and do not receive Special Education services, meet the requirements for Section 504 of the Rehabilitation Act of 1973.

Parent/Guardian Signature	Parent/Guardian Signature Printed Name	Date
Licensed Health Care Provider Signature	Licensed Health Care Provider Printed Name	Date
Phone	Address	
Fax	City/State	Zip

**Duration of order:**  current school year ending Aug. 30<sup>th</sup>     Other: \_\_\_\_\_

This Emergency Action Plan (EAP) will be distributed to those school staff "who need to know". (school nurse to circle all that apply). Distribution may occur electronically. Parent Teacher/Sub file Office Librarian Counselor Student Services Transportation Principal Other: \_\_\_\_\_  
Kent School District Nursing Services, 03-2021

**KENT SCHOOL DISTRICT**  
**SPECIAL NURSING CARE/MEDICAL TREATMENT/MEDICATION PROCEDURE**

Washington State Nurse Practice Act (WAC 246-839-700), will be designated to provide care.

**PROCEDURES****8.0 Special Nursing Care/Medical Treatment Procedures**

All requests for performance/supervision of nursing care or medical treatment not usually considered functions performed by school personnel are to be evaluated by the school nurse on an individual basis. (Policy 3410 and 3410P).

- 8.1 The parent/guardian requests in writing the service desired and includes a release of liability statement. (HS-37-02)
- 8.2 A licensed health care provider must recommend in writing the specific service needed in order for the student to attend school. The health care provider agrees to notify the school nurse of any change in medical status of the student during the school year. Upon request, the school will provide the health care provider with periodic reports of the student's progress regarding the specific procedures. (HS-37-02)
- 8.3 The school nurse will review the above request and if appropriate, develop an individual health care plan for the student. Recommendations such as training needs and other safety issues will be determined by the school nurse. Refer to "Procedure for delegation and supervision of unlicensed personnel" in Health Services Nurse Manual.
- 8.4 The school nurse will notify the building administrator of the request(s) and the recommendation(s) for care as established by district nursing service guidelines.
- 8.5 The building administrator and school nurse will determine which unlicensed staff, in accordance with the Washington State Nurse Practice Act (WAC 246-839-700), will be designated to provide care.
- 8.6 Necessary training and/or instruction of individual(s) designated to perform the service will be determined and coordinated by the school nurse. Documentation of training and supervision will be maintained.
- 8.7 The building administrator and school nurse will establish that there is adequate and appropriate space for performing the service.
- 8.8 The parent/guardian will provide adequate/necessary supplies and equipment in order for the school to perform the service.
- 8.9 Written records will be maintained which will include the service provided, when, and by whom.
- 8.10 Each request accepted will be reviewed every three months by the school nurse.
- 8.11 The school nurse will document and report to the building administrator, any unsafe or incompetent performance of health care by an unlicensed staff. Recommendations for remediation and procedural changes will be included in this report.
- 8.12 All arrangements for care and supervision must be in place before the School District will assume responsibility for providing the requested services.

**Medication Procedure**

**Washington State law permits school staff to administer medication only in limited situations.** When possible, the parents and physician are urged to design a schedule for **giving medication outside school hours.** Medication is defined to mean all drugs, whether prescription or "over the counter".

**Prior to administration of any medication, the following requirements must be met:**

1. **Parent/legal guardian note** must be on file giving name of medication, dosage, time, dates to be given, student name.
2. **Licensed Health Care Provider's (LHCP) note** for each medication must be on file that there exists a valid health reason which makes administration of such medication advisable during school hours or when a student is under the supervision of school officials. The LHCP's note must also indicate name of medication, dosage, time, and dates to be given, possible side effects, LHCP's signature. This request is valid for a period not to exceed current school year (HS37-02).
3. All medication must be in the **originally labeled container** and be labeled with student's name. This pertains to oral medications (pills, liquids, inhalers).
4. A responsible adult delivers the medication to the school. All medications will be counted upon receipt and recorded on back of medication recording form. **If this is a new medication for the student, the first dose must be given at home prior to bringing the medication to school.**
5. There are situations where the parent or physician or principal **and** school nurse believe it is in the best interest of the student that he or she carry and self-administer the medication. In these cases the student shall be permitted to carry and self-administer the medication. Only one day's dosage (in originally labeled container) shall be carried by the student. The original LHCP and parent authorization will be kept in the health room. The parent recognizes and acknowledges the liability for lost, stolen, and/or shared medication.

**Student agrees and shall:**

- 1) **Not let any other student/staff use/take medication**
- 2) **Keep medication with them (in backpack, purse or pocket) at all times**
- 3) **Notify Health Room Staff if no relief or feel you need to use medication sooner than directed on medication label**
- 4) **Name must be on all medications and in original container(s)**

Student Signature:	Date:
Parent/Guardian Signature:	Title/Relationship:
School Nurse Signature:	

6. If requirements 1, 2, and 3 are not met and parents want the child to have the medication, the parent may come to school and administer the medication.
7. In most cases, it will be the child's responsibility to come to the office at the appropriate time for medication. The parent may put a note in the lunch box to remind the child to take the medication. On scheduled early dismissal days, when lunch is served, "lunch time" or "noon" medications will be dispensed unless requested otherwise by Parent.
8. The nurse must be consulted prior to bringing any injectable medications to school and additional forms must be completed: HS-037-02, Request for Special Nursing Care/Medical Treatment Procedures. The physician's instructions should outline symptoms and when to give the injection

Allergy Specific

Student's Name: \_\_\_\_\_

**Individual Considerations (To be completed or reviewed by parent/guardian):**

Emergency Contact	Home	Cell	Work	Email

**\*\*\*\*STAFF ACTION PLAN\*\*\*\***

- GIVE MEDICATION AS ORDERED ON PREVIOUS PAGE. AN ADULT IS TO STAY WITH STUDENT AT ALL TIMES**
- \*NOTE TIME \_\_\_\_\_ AM/PM (Epinephrine/Adrenaline given) \*NOTE TIME \_\_\_\_\_ AM/PM (Antihistamine given)**
- CALL 9-911 IMMEDIATELY. 911 must be called WHENEVER Epinephrine is administered.**
- DO NOT HESITATE to administer Epinephrine and to call 911 even if the parents cannot be reached.**
- Advise 911 student is having a severe allergic reaction and Epinephrine was administered.
- Call the School Nurse or Main Office for assistance if not given in the health room.
- Call Parent/Guardian
- Dispose of used Epinephrine Auto-Injector in "sharps" container or give to EMS.

Insert  
Picture  
Here

**Bus –Transportation should be alerted to student's allergy.**

- This student carries Epinephrine injector on the bus:  Yes  No
- Epinephrine can be found:  backpack  waist-pack on person  Other: \_\_\_\_\_
- Student will sit at front of the bus:  Yes  No
- Other: \_\_\_\_\_

**Field Trip Procedures – Epinephrine should accompany student during any off campus activities.**

- Student should remain with the teacher or parent/guardian during the entire field trip:  Yes  No
- Staff members on trip must be trained regarding Epinephrine use and student health care plan (plan must be taken).
- Other: \_\_\_\_\_

**CLASSROOM –For Food allergy only – Student is allowed to eat only the following foods:**

- Those in manufacturer's packaging with ingredients listed and determined allergen-safe by the nurse/parent or: \_\_\_\_\_
- Alternative snacks will be provided by parent/guardian to be kept in the classroom.
- Parent/guardian should be advised of any planned parties as early as possible.
- Classroom projects should be reviewed by the teaching staff to avoid specified allergens.
- Other: \_\_\_\_\_

**CAFETERIA  NO Restrictions**

- Student will sit at a table at a specified location.
- Cafeteria manager and hostess should be alerted to the student's allergy.
- Other: \_\_\_\_\_

**EXTRA CURRICULAR ACTIVITIES**

- My child (please mark appropriate spot with X)  will  will not participate in KSD sponsored before or after school sports/activities during the school year. If this changes, it is my responsibility as the parent/guardian to contact the health room.
- I request this medication be given as ordered by the licensed health care provider. I give Health Services Staff permission to communicate with the medical office about this medication. I understand the medication(s) will not necessarily be given by a school nurse (designated staff will be trained and supervised). Medical/Medication information may be shared with school staff working with my child and 911 staff, if they are called. All medication supplied must come in its originally provided container with instructions as noted above by the licensed health care provider.
- I request and authorize my child to carry and/or self-administer their medication.  Yes  No  Sports/School Activities Only
- This permission to possess and self-administer an Epinephrine injector may be revoked by the principal/school nurse if it is determined that your child is not safely and effectively able to self-administer.

**Section 504 -  Yes  No** If 504 is indicated, this IHP will serve as 504 accommodations. Parent/Guardian signature agrees with 504 accommodations and has received their Rights under Section 504.  Yes  No

\_\_\_\_\_  
Parent/Guardian Signature (Required) \_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse Signature \_\_\_\_\_  
Date

Student demonstrated to the School Nurse the skill necessary to use the medication and any device necessary to self-administer the medication.  
Device(s) if any, used: \_\_\_\_\_ Date of Return Demonstration: \_\_\_\_\_

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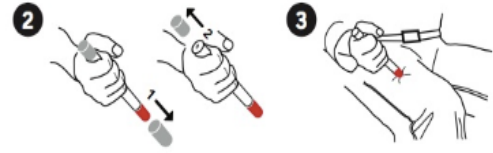
Allergy Specific

**EPIPEN® and EPIPEN® JR. Directions**



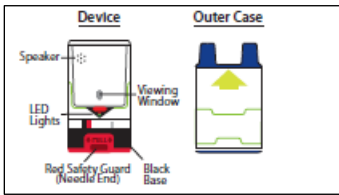
1. Pull off blue activation cap.
2. Hold orange tip near outer thigh (always apply to thigh).
3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions.
4. Hold in place and count slowly to 3. The EpiPen® unit should then be removed and disposed of in a sharps container or taken with you to the Emergency Room.
5. Massage the injection area for 10 seconds.

**GENERIC Epinephrine Injector**

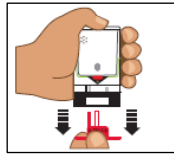


1. Pull off end of cap with the (1). You will now see a **RED** tip. Never put thumb finger, or hand over the **RED** tip.
2. Pull off end cap with the (2).
3. Put the **RED** tip against the middle of the outer side of your thigh (upper leg) as shown. It can go through clothes.
4. Press down hard until the needle enters your thigh (upper leg) through your skin. Hold it in place while slowly counting to 10.
5. Remove the epinephrine auto-injector from your thigh
6. Check the **RED** tip. If the needle is exposed, you received the dose. If the needle is not visible, repeat step 3.

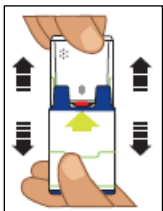
**Auvi-Q™ Directions**



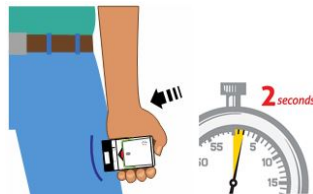
Auvi-Q™



2. Pull off **RED** safety guard.

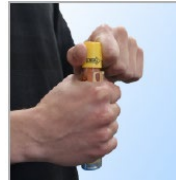


1. Pull Auvi-Q™ from case.



3. Place black end against outer thigh, then press firmly and hold in place for 2 seconds.

**TEVA Epinephrine injector**



1. Quickly twist the yellow cap off the epinephrine injector (green cap on 0.15 mg injector) in the direction of the “twist arrow” to remove it.



2. Grasp auto-injector in your fist with orange tip (needle end) pointing down. With your other hand, pull off the blue safety release.
3. Swing and push the auto-injector firmly into the middle of outer thigh until it clicks and hold firmly while slowly counting to 3. Massage site for 10 seconds.

Trained office personnel for Epinephrine injector administration:

Name _____	Extension _____
Name _____	Extension _____
Name _____	Extension _____

***If you need to use the Epinephrine injector in the classroom call 9911 and then the \_\_\_\_\_ at \_\_\_\_\_ for support.***

Allergy Specific

GE,  504,  SE

**INDIVIDUAL HEALTH PLAN**  
*Confidential*

Insert  
Picture  
Here

**IHP - ALLERGY**

**STUDENT:**

DOB: \_\_\_\_\_ Bus Route: \_\_\_\_\_  
School: \_\_\_\_\_ Principal: \_\_\_\_\_  
Grade: \_\_\_\_\_ Weight: \_\_\_\_\_

**Life-Threatening allergy to:** (list allergy components here)

- Check here if student is asthmatic
- Check here if student is **HIGH RISK** for a **SEVERE** Food allergy reaction

**Health History**

**Current Information and Assessment**

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**Goal:** The student will have an Emergency Action Plan in place and should a life-threatening reaction occur the plan will be implemented in a safe and timely manner.

<b>Nursing Diagnosis</b>	<b>Interventions</b>	<b>Outcome/ Evaluation</b>
Potential for alteration in respiratory function related to anaphylactic reaction.	1.Establish action plan and train individuals to use the Epinephrine Auto Injector. 2.Teach staff signs and symptoms of a generalized allergic reaction. 3.Use the Epinephrine Auto Injector skills checklist to document who has been trained.	1.An Emergency Action Plan is in place and individuals are trained to give injection if needed. 2.Staff are knowledgeable about signs and symptoms of a generalized allergic reaction. 3.Specific individuals have been trained and understand their role in administration of the Epinephrine Auto Injector.

Prepared By & Date: \_\_\_\_\_ Reviewed By & Date: \_\_\_\_\_

# Your Rights Under Section 504



*You have the right to be informed by the school district of your rights under Section 504. This is a notice of you and your child's rights under Section 504 and the rights you have if you disagree with the school district's decisions.*

## WHAT IS SECTION 504?

Section 504 of the Rehabilitation Act of 1973, commonly called "Section 504," is a federal law that protects students from discrimination based on disability. Section 504 assures that students with disabilities have educational opportunities and benefits equal to those provided to students without disabilities. To be eligible, a student must have a physical or mental impairment that substantially limits one or more major life activity.

## YOUR CHILD'S EDUCATION

Your child has the right to:

- Receive a free and appropriate public education.
- Participate in and benefit from the district's educational programs without discrimination.
- Be provided an equal opportunity to participate in the district's nonacademic and extracurricular activities.
- Be educated with students who do not have disabilities to the maximum extent appropriate.
- Be educated in facilities and receive services that are comparable to those provided to students without disabilities.
- Receive accommodations and/or related aids and services to allow your child an equal opportunity to participate in school activities.
- Receive educational and related aids and services without cost, except for those fees imposed on the parents of children without disabilities.
- Receive special education services if needed.

## YOUR CHILD'S EDUCATIONAL RECORDS

You have the right to:

- Review your child's educational records and to receive copies at a reasonable cost. You will not be charged if the cost would keep you from reviewing the records.
- Ask the district to change your child's education records if you believe that they are wrong, misleading, or are otherwise in violation of your child's privacy rights. If the district refuses this request, you have the right to challenge the refusal by requesting an impartial hearing.
- A response to your reasonable requests for explanations and interpretations of your child's education records.

## THE SECTION 504 PROCESS

Your child has the right to an evaluation before the school determines if he or she is eligible under Section 504. You have the right to:

- Receive notice before the district takes any action regarding the identification, evaluation, and placement of your child.
- Have evaluation and placement decisions made by a group of persons, often called a "504 team", including persons who know your child, the meaning of the evaluation information, and the placement options available.
- Have evaluation decisions based on a variety of sources, such as aptitude and achievement tests, teacher recommendations, physical conditions, medical records, and parental observations.
- Refuse consent for the initial evaluation and initial placement of your child.

If your child is eligible under Section 504, your child has a right to periodic re-evaluations, including re-evaluations before any significant change is made in your child's placement.

## IF YOU DISAGREE WITH THE DISTRICT'S DECISION

If you disagree with the district's decisions regarding your child's identification, evaluation, educational program, or placement under Section 504, you may request mediation or an impartial due process hearing. You and your child have the right to take part in the hearing and have an attorney represent you. Hearing requests and other concerns can be made to your district's Section 504 Coordinator:

Randy Heath  
12033 SE 256<sup>th</sup> Street Kent, WA 98030  
PH: 252-373-7235  
Email: [Randall.heath@kent.k12.wa.us](mailto:Randall.heath@kent.k12.wa.us)

You have the right to file a complaint of discrimination with the U.S. Department of Education's Office for Civil Rights (OCR), or to file a complaint in federal court. Generally, an OCR complaint may be filed within 180 calendar days of the act that you believe was discriminatory. The regional office is located at 915 Second Ave, Room 3310, Seattle, WA 98174-1099. Phone: 206-607-1600/TDD: 206-607-1647  
Website: [www.ed.gov/OCR](http://www.ed.gov/OCR).

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This IHP serves as 504

Kent School District Nursing Services 03/2021